

U.S. Department of Labor

Employment and Training Administration
The Curtis Center, Suite 815 East
170 S. Independence Mall West
Philadelphia, PA 19106-3315
(215) 861-5500 Fax: (215) 861-5520



June 17, 2004

DIRECTIVE:	REGION 2 PRH SUPPLEMENT NO.	4.5R3
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TO ALL REGION 2 CENTER DIRECTORS
ALL REGION 2 CENTER OPERATORS
ALL REGION 2 AGENCY CENTER OPERATORS
ALL REGION 2 OUTREACH & ADMISSIONS OPERATORS
ALL REGION 2 CAREER TRANSITION SERVICE OPERATORS

FROM: LYNN INTREPIDI
Regional Director,
Office of Job Corps

SUBJECT: PLACEMENT VERIFICATION AND DOCUMENTATION
REQUIREMENTS

1. Purpose:

To establish a standard Placement Verification Form that meets the requirements of the PRH and to establish policy on liquidated damages for invalid placements.

2. Background:

PRH exhibit 4-2 outlines placement verification and document requirements. CTS operators, in collaboration with NTCs, JACs, Job Corps centers, verify and document placements when the documentation meets the requirements of PRH exhibit 4-2. During the May 2004 Regional Director's meeting, participants expressed concern about the variety of forms used to verify and document placements that have been developed by various agencies and operators and requested the Regional Office standardize a document that all agencies should use.

Unverifiable placements identified through the post placement follow-up are determined as "questionable placements" until the Regional Office receives verification from the CTS contractor. The Regional Office ultimately decides whether the placement is valid or invalid. If the placement is determined to be invalid, Section G of the prime contract

proposal requires the contractor to be held financially responsible for the costs associated with placements.

3. Process:

Effective July 1, 2004, the Philadelphia Region will require the use of the Placement Verification Form contained in this PRH Supplement. Unless otherwise defined in the Prime Contract, each contractor shall be held financially responsible for the costs associated with placements found to be invalid, and shall be required to reimburse the government in the amount of \$750 per invalid placement.

4. Action:

A. Job Corps Centers and Support Contractors:

1. Students shall be required to sign the Release Authorization portion of the Placement Verification Form during the Career Preparation period, or at any time prior to separation. Upon separation, the Release Authorization will be updated to indicate the student's separation date from the program. The signed Placement Verification form will be forwarded from the center to the CTS provider within 3 days of the student's separation.
2. Center, NTC, and other support contractors shall collaborate with CTS providers when reporting identified placements. A completed Placement Verification form shall be furnished to the CTS within the timetables outlined in the PRH.

B. CTS Providers:

1. Operators shall ensure CTS Project Directors update Standard Operating Procedures (SOPs) to incorporate the use of the Regional Placement Verification Form. Additionally, operators must establish procedures to verify and document 100% of initial placements. Placement verification shall be considered verified when the documentation requirements defined in PRH 4.5R3 and PRH exhibit 4-2 are met. The Region 2 Placement Verification Form shall be used in all cases where an official pay stub and/or other direct employer written confirmation is determined to be unverifiable.

2. Establish procedures and conduct periodic self evaluations and audits to ensure integrity and accountability to reduce likelihood of an unverified questionable placement. Upon receipt of a questionable placement, forward placement verification information to the GAR for review and final determination.
3. If the Regional Office determines the placement to be invalid, a notice will be provided to the JCDC to remove the placement. The GAR will notify the CTS operator of the decision and the operator shall be required to reimburse the government in the amount of \$750 per invalid placement. Reimbursements shall be posted as a credit on Line 9 of the ETA 2110 CTS report in the month that the notice was provided.

C. Regional Office:

1. Project managers (PMs) shall monitor compliance with the PRH and this supplement through desk and on-site monitoring.
2. The Regional Director shall appoint a Regional Office Questionable Placement Coordinator to collaborate with PMs to obtain decisions and document validity of questionable placements. The RO Questionable Placement Coordinator shall report the status of Questionable Placements to the Data Center, as required.
3. The project managers will notify the operator, in writing, that they are being held financially responsible for the cost associated with the particular placement found to be invalid and ensure the credit is applied as outlined above.

5. Inquiries:

Questions regarding the information contained in this supplement should be directed to Mr. Alex Hodges, Regional Office Questionable Placement Coordinator at (215) 861-5508 or your GAR.

Attachment – Placement Verification Form

Placement Verification Form



The below named former Job Corps student has informed us that (s)he is either in the armed forces, employed or attending school at your location. Job Corps, a federally funded program, administered by the US Department of Labor, requires that we obtain written confirmation of Military/Job/School placement for all program graduates. Therefore, we are respectfully requesting that you complete and sign the appropriate sections of this form and submit it to us at the address or fax number provided below within 72 hours of its receipt. By providing us with this requested information, many of our graduates may receive a placement incentive.

THANK YOU FOR ASSISTING US IN HELPING TODAY'S YOUTH!

RELEASE AUTHORIZATION

I, _____, do hereby authorize employers, schools and/or branches of the military to provide Job Corps with relevant information and hereby release any such employer, school or military branch from any and all liability which they might otherwise incur as a result. I also hereby authorize Job Corps to use my social security number to obtain this information.

Signature:

SSN:

Separation Date:

PLACEMENT ENTITY'S GENERAL INFORMATION FOR ARMED FORCES, EMPLOYER AND SCHOOL

Company/School Name:

Address:

City/State/Zip:

Telephone Number:

FOR EMPLOYMENT/MILITARY VERIFICATION, PLEASE COMPLETE THE FOLLOWING:

Employment Start Date: ____/____/____

Current Hourly Wage: \$____

Hourly Tips/Commission:\$____

Job Title/Rank: _____

Job Duties:

Number of hours actually worked per week (within seven consecutive days): _____

Please complete one:

☐ Part time (20 hours or more per week)

From: ____/____/____ to: ____/____/____ Total hours: ____

e.g. 7/1/03 to 7/7/03

Total hours: 22

☐ Full time (32 hours or more per week)

From: ____/____/____ to: ____/____/____ Total hours: ____

FOR SCHOOL VERIFICATION, PLEASE COMPLETE THE FOLLOWING:

Please attach a copy of an attendance or absence record, if available.

Class Start Date:

Expected Duration:

If GED, High School or Vocational Training Program, how many hours in class per week (within seven consecutive days): _____

If college, how many credit hours taken per quarter/semester: _____

VERIFYING INDIVIDUAL'S INFORMATION:

TO BE COMPLETED BY ARMED FORCES, EMPLOYER, OR SCHOOL REPRESENTATIVE

Please include a copy of your business card, letterhead or stamp/seal with this form to validate

Printed Name:

Signature:

Title:

Date Signed:

Please affix your stamp or official seal here:

[Type CT Specialist's Name]

Career Transition Specialist

[Type Provider's Name]

[Type Provider's Street Address]

[Type Provider's City, State, ZIP]

[Type Provider's Phone Number & Fax Number]

